Complete Summary

GUIDELINE TITLE

Parkinson's disease in the long-term care setting.

BIBLIOGRAPHIC SOURCE(S)

American Medical Directors Association (AMDA). Parkinson's disease in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2002. 34 p. [16 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Parkinson's Disease
- Parkinsonism

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine
Neurology

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Dietitians
Health Care Providers
Nurses
Occupational Therapists
Patients
Pharmacists
Physical Therapists
Physician Assistants
Physicians
Social Workers
Speech-Language Pathologists

GUIDELINE OBJECTIVE(S)

- To improve the quality of care delivered to patients with Parkinson's disease (PD) in long-term care settings
- To guide care decisions and to define roles and responsibilities of appropriate care staff

TARGET POPULATION

Elderly residents of long-term care facilities with Parkinson's disease

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Assessment

1. Relevant history, physical examination, assessment of physical function, and mental, emotional, and cognitive status (e.g., mini-mental state examination)
2. Assessment for signs of dysphagia and altered nutritional and functional status
3. Assessment of medication use
4. Assessment of the risk of developing comorbidities and complications and the need for specialty consultation

Management/Treatment

1. Individualized care plan
2. Nonpharmacologic interventions such as physical/occupational therapy, speech therapy, dietary therapy, recreational therapy
3. Pharmacologic interventions:
    - Dopaminergic precursor--carbidopa/levodopa (Sinemet, Sinemet CR)
    - Dopamine agonists -- bromocriptine (Parlodel), pergolide (Permax), pramipexole (Mirapex), ropinirole (Requip)
    - Catechol-O-methyl transferase (COMT) inhibitors -- entacapone (Comtan, Comtess), tolcapone (Tasmar)
    - Anticholinergics -- benztropine (Cogentin), trihexyphenidyl (Artane)
    - Antiviral -- amantadine (Symadine, Symmetrel)
    - Monoamine oxidase (MAO) inhibitors -- selegiline (Eldepryl)

- Tricyclic antidepressants -- nortriptyline, desipramine
- Selective serotonin re-uptake inhibitors -- citalopram (Celexa), venlafaxine (Effexor), paroxetine (Paxil), fluoxetine (Prozac), sertraline (Zoloft)
- Other antidepressants -- mirtazepine (Remeron), bupropion (Wellbutrin)
- Antipsychotics -- clozapine (Clozaril), quetiapine (Seroquel)

Note: Surgical interventions to treat Parkinson's disease are in development but currently are not practical treatment options for patients in the long-term care setting.

4. Nutritional interventions as necessary
5. Management of complications and comorbidities associated with PD
6. Referral to community resources or palliative care as needed
7. Monitoring of patient's response to interventions and subsequent adjustments of interventions as needed
8. Monitoring the status and the need for a change in patient's level of care, and review of relevant medications

MAJOR OUTCOMES CONSIDERED

- Symptoms of Parkinson's disease
- Functional status/activities of daily living
- Adverse effects of treatment
- Quality of life

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The guideline was developed by an interdisciplinary work group using a process that combined evidence- and consensus-based thinking. The groups were composed of practitioners involved in patient care in the institutional setting. Using pertinent articles and information and a draft outline, the group worked to make a simple, user-friendly guideline that focused on application in the long-term care institutional setting.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

All American Medical Director Association (AMDA) clinical practice guidelines undergo external review. The draft guideline is sent to approximately 175+ reviewers. These reviewers include American Medical Director Association physician members and independent physicians, specialists, and organizations that are knowledgeable of the guideline topic and the long-term care setting.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The Parkinson's Disease in the Long-Term Care Setting algorithm is to be used in conjunction with the clinical practice guideline. The numbers next to the different components of the algorithm correspond with the steps in the text. Refer to the "Guideline Availability" field for information on obtaining the full text guideline.

CLINICAL ALGORITHM(S)

An algorithm is provided in the original guideline document that summarizes the steps involved in managing Parkinson's disease in long-term care settings.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The guideline was developed by an interdisciplinary work group using a process that combined evidence- and consensus-based thinking.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Potential benefits associated with the implementation of this guideline include the following:

- Earlier identification of Parkinson's disease (PD) and its complications
- Better management of PD, allowing patients to maintain their highest practicable physical, mental, and psychosocial function
- Greater individualization of care
- Enhanced quality of life
- Better documentation of, and rationale for, patients´ personal goals and decision-making processes regarding their disease and its treatment
- More appropriate pharmacologic therapy for PD
- More appropriate physician participation in the care of the patient with PD
- Improved patient and family satisfaction with care
- More appropriate resource utilization
- Improved treatment and monitoring protocols
- Improved staff education and awareness of this complex progressive disease

POTENTIAL HARMS

Side Effects of Drugs Used to Treat Parkinson's Disease

- Long-term use of levodopa is associated with motor complications. Involuntary movements (dyskinesias) are among the most disabling of these complications.
- Side effects from dopamine agonists include confusion, hallucinations, hypotension, nausea and vomiting, and daytime sedation. Patients over age 70, especially those with dementia, are at higher risk for side effects from dopamine agonists.
- Anticholinergic medications may provoke acute confusional states or cause or contribute to cognitive dysfunction. Anticholinergic medications should be used with caution in patients with dementia and the very old.

Refer to Table 13 in the original guideline document for adverse effects of specific medications used to treat Parkinson's disease.

QUALIFYING STATEMENTS

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This clinical practice guideline is provided for discussion and educational purposes only and should not be used or in any way relied upon without consultation with and supervision of a qualified physician based on the case history and medical condition of a particular patient. The American Medical Directors Association, its heirs, executors, administrators, successors, and assigns hereby disclaim any and all liability for damages of whatever kind resulting from the use, negligent or otherwise, of this clinical practice guideline.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The implementation of this clinical practice guideline (CPG) is outlined in four phases. Each phase presents a series of steps, which should be carried out in the process of implementing the practices presented in this guideline. Each phase is summarized below.

I. Recognition
   - Define the area of improvement and determine if there is a CPG available for the defined area. Then evaluate the pertinence and feasibility of implementing the CPG.

II. Assessment
   - Define the functions necessary for implementation and then educate and train staff. Assess and document performance and outcome indicators and then develop a system to measure outcomes.

III. Implementation
   - Identify and document how each step of the CPG will be carried out and develop an implementation timetable.
   - Identify individual responsible for each step of the CPG.
   - Identify support systems that impact the direct care.
   - Educate and train appropriate individuals in specific CPG implementation and then implement the CPG.

IV. Monitoring
   - Evaluate performance based on relevant indicators and identify areas for improvement.
   - Evaluate the predefined performance measures and obtain and provide feedback.

Implementation of guidelines will be affected by resources available in the facility, including staffing, and will require the involvement of all those in the facility who have a role in patient care. In addition, those responsible for implementation should identify operational areas within the facility that would be affected by the guideline's implementation and should seek input from staff and managers in those areas on the development of other relevant facility-specific protocols, policies, and procedures.

The Appendix of the original guideline document offers suggestions for general process indicators as well as clinical process and outcome indicators specific to measuring facility performance in the management of Parkinson's disease.

IMPLEMENTATION TOOLS

Clinical Algorithm

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

End of Life Care
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Medical Directors Association (AMDA). Parkinson's disease in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2002. 34 p. [16 references]

ADAPTATION

Not applicable: Guideline was not adapted from another source.

DATE RELEASED

2002

GUIDELINE DEVELOPER(S)

American Medical Directors Association - Professional Association

GUIDELINE DEVELOPER COMMENT

Organizational participants included:

- American Association of Homes and Services for the Aging
- American College of Health Care Administrators
- American Health Care Association
- American Society of Consultant Pharmacists
- National Association of Directors of Nursing Administration in Long-Term Care
- National Association of Geriatric Nursing Assistants
- National Conference of Gerontological Nurse Practitioners

SOURCE(S) OF FUNDING

Corporate supporters of this guideline include Aventis Pharmaceuticals, Forest Laboratories, Inc, GlaxoSmithKline, Janssen Eldercare, LifeScan, Novartis Pharmaceuticals, Pfizer, Inc, Pharmacia Corporation, and Organon, Inc.

GUIDELINE COMMITTEE

Steering Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available from the American Medical Directors Association, 10480 Little Patuxent Pkwy., Suite 760, Columbia, MD 21044. Telephone: (800) 876-2632 or (410) 740-9743; Fax (410) 740-4572. Web site: www.amda.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Guideline implementation: clinical practice guidelines. Columbia, MD: American Medical Directors Association, 1998, 28 p.

Electronic copies: Not available at this time.

Print and CDROM copies: Available from the American Medical Directors Association, 10480 Little Patuxent Pkwy., Suite 760, Columbia, MD 21044. Telephone: (800) 876-2632 or (410) 740-9743; Fax (410) 740-4572. Web site: www.amda.com.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on September 3, 2003. The information was verified by the guideline developer on April 8, 2004.

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